

Department of Health

Description	FY 2002 Approved	FY 2003 Proposed	% Change
Operating Budget	\$1,295,195,033	\$1,439,983,819	11.2

The Mission of the Department of Health (DOH) is to provide health assessment, assurance promotion, prevention and treatment, emergency services, and policy and leadership to residents and visitors of the District of Columbia so they can be healthy and safe.

After realignment in FY 2002, the agency began shifting its focus from the delivery of direct services to health assessment, policy development, and quality assurance. Accordingly, the District's health care delivery system is changing to a system that emphasizes prevention, primary care, and case manage-

ment to improve the health of residents. DOH promotes and enhances healthy families, environments and communities throughout the District.

The agency plans to fulfill its mission by achieving the following strategic result goals:

- Improve the overall health of District residents.
- Eliminate disparities in health status due to ethnicity, income and geographic location
- Enhance the District's rapid response system to ensure coordination among District agencies and surrounding jurisdictions to respond to health emergencies and other unusual health events within two hours.
- Enhance ability of programs to perform core public health functions by improving infrastructure and support services.
- Increase unmatched funds from private institutions, Federal government and other organizations.
- Screen uninsured individuals for eligibility in Medicaid and other third party resources.
- Ensure availability of services accessible to the D C Health Care Alliance population.

Did you know...

The Medicaid program financed health care services for approximately 138,000 District residents.

DC Healthcare Alliance provides a comprehensive system of care to more than 23,000 (enrolled as of March '02) uninsured District residents and places a priority on primary care and disease prevention.

The infant mortality rate in the District, over the past 10 years, has declined by 41 percent.

Project WISH screens 1,400 women for breast and cervical cancer and with case management the percentage who follow-up on their screenings has increased to 70 percent.

The District began a program to add exhaust treatment equipment to nearly all of WMATA's 1,400-bus fleet and convert them to low sulfur fuel.

Where the Money Comes From

Table HC0-1 shows the various sources of funding for the Department of Health.

Table HC0-1

FY 2003 Proposed Operating Budget, by Revenue Type

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change From FY 2002
Local	325,339	356,499	424,657	444,219	19,562
Federal	673,080	744,491	851,753	969,291	117,538
Private	51	317	0	1,850	1,850
Other	8,354	8,900	12,676	17,850	5,174
Intra-District	1,274	2,741	6,110	6,774	665
Gross Funds	1,008,098	1,112,948	1,295,195	1,439,984	144,789

Local Funds

The proposed Local budget is \$444,218,894, a net increase of \$19,561,894, or 4.6 percent, over the FY 2002 approved budget of \$424,657,000. Of this increase \$1,846,966 is for an increase in personal services and \$17,714,928 is for nonpersonal services.

There are 462 FTEs funded by Local sources, an increase of 23 FTEs from FY 2002.

The significant changes are as follows:

- An increase of \$1,536,332 in salaries for pay increases provided for FY 2001 and FY 2002.
- An increase of \$346,634 for fringe benefits associated with salary adjustments.
- An increase of \$29,658,696 for increased Medicaid costs.
- A net reduction \$12,078,000 in nonpersonal services are associated with cost savings initiatives as follows:
 - A reduction of \$625,000 to the Primary Care Prevention and Planning program.
 - A reduction of \$215,000 to the Environmental Health Administration.
 - A reduction of \$130,000 to the Maternal and Family Health Administration.
 - A reduction of \$85,000 to the Health Regulation Administration.
 - A reduction of \$10,900,000 to the Health Care Safety Net Administration for targeted cost savings adjustments.

- A net reduction of \$123,000 for cost-saving initiatives associated with the Office of the Chief Financial Officer's consolidation. There is a reduction of two FTEs associated with this cost savings initiative.

Federal Funds

The proposed Federal budget is \$969,290,889, an increase of \$117,538,362 or 13.8 percent over the FY 2002 approved budget of \$851,752,527. Of this increase \$13,186,828 is for personal services and \$104,351,534 for nonpersonal services.

There are 822 FTEs funded by Federal sources, a decrease of 2 FTEs from FY 2002.

The significant changes are as follows:

- An increase of \$12,241,556 for salaries related to Federal grant funding.
- An increase of \$945,272 for fringe benefits associated with grant funded salaries.
- An increase of \$527,515 to pay for additional supplies and materials.
- A net increase of \$216,144 for projected increases in property rentals, security services and utilities offset by a decrease in equipment purchases.
- A decrease of \$898,455 to satisfy contractual requirements.
- An increase of \$104,506,330 for subsidies and transfers primarily related to the Medicaid Program.

(Continued on page E-36)

How the Money is Allocated

Tables HC0-2 and 3 show the FY 2003 proposed budget and FTEs for DOH.

Table HC0-3

FY 2003 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Regular Pay - Cont Full Time	23,034	24,205	31,221	41,762	10,541
Regular Pay - Other	18,068	20,183	23,593	28,448	4,855
Additional Gross Pay	3,621	1,817	871	956	85
Fringe Benefits - Curr Personnel	7,024	7,747	9,541	11,022	1,480
<i>Personal Services</i>	<i>51,746</i>	<i>53,952</i>	<i>65,226</i>	<i>82,188</i>	<i>16,961</i>
Supplies And Materials	2,117	1,848	2,807	4,079	1,272
Energy, Comm. And Bldg Rentals	86	451	662	617	-45
Telephone, Telegraph, Telegram, Etc	1,385	1,305	325	389	64
Rentals - Land And Structures	11,664	11,396	10,930	11,251	321
Janitorial Services	0	1	29	45	16
Security Services	0	0	1,908	1,826	-82
Other Services And Charges	7,355	6,581	13,987	15,879	1,892
Contractual Services - Other	91,725	68,607	113,399	180,034	66,636
Subsidies And Transfers	839,724	966,580	1,083,519	1,140,715	57,196
Equipment & Equipment Rental	2,297	2,224	2,403	2,960	557
<i>Non-personal Services</i>	<i>956,352</i>	<i>1,058,996</i>	<i>1,229,969</i>	<i>1,357,796</i>	<i>127,827</i>
Total Proposed Operating Budget	1,008,098	1,112,948	1,295,195	1,439,984	144,789

Table HC0-3

FY 2003 Full-Time Equivalent Employment Levels

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Continuing full time	440.5	475.5	733	967.73	234.73
Term full time	443.25	471	627.95	408.39	-219.56
Total FTEs	883.75	946.5	1360.95	1376.12	15.17

Private Funds

The proposed Private budget is \$1,850,000, an increase of \$1,850,000, or 100 percent, over the FY 2002 approved budget. Of this increase \$430,646 is for personal services and \$1,419,354 for nonpersonal services.

There are 8 FTEs funded by Private sources, an increase of 8 FTEs from FY 2002.

The significant changes are as follows:

- An increase of \$430,646 for salaries and fringe benefits provided by Private grants.
- An increase of \$1,419,354 for supplies, and materials and to satisfy contractual requirements to administer Private grants.

Other Funds

The proposed Other Funds budget is \$17,849,920, an increase of \$5,173,978, or 40.8 percent over the FY 2002 approved budget of \$12,675,942. Of this increase \$1,666,750 is for personal services and \$3,507,228 for nonpersonal services.

There are 79 FTEs funded by Other sources, a decrease of 9 FTEs from FY 2002.

The significant changes are as follows:

- An increase of \$1,666,750 for salaries and fringe benefits to administer the collection of revenue from licenses and other fees.

- An increase of \$103,525 to reflect a projected increase in funding for supplies, utilities, security services and equipment.
- An increase of \$3,403,703 for contractual and other services associated with providing HIV/AIDS Medication.

Intra-District Funds

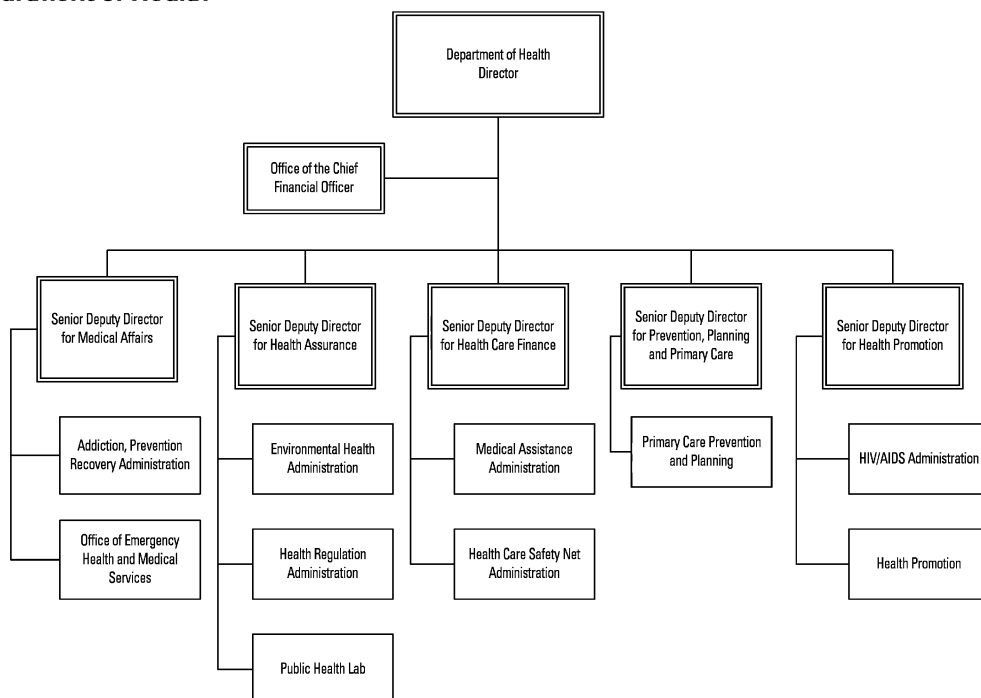
The proposed intra-District Funds budget is \$6,774,116, an increase of \$664,552, or 11.0 percent, over the FY 2002 approved budget of \$6,109,564.

There are five FTEs funded by intra-District sources, a decrease of 5 FTEs from FY 2002.

The significant changes are as follows:

- A decrease of \$169,834 for salaries and fringe benefits.
- A increase of \$834,386 for supplies, equipment and contractual services.

Figure HC0-1
Department of Health



Programs

The Department of Health fulfills its mission by operating several key public health administrations:

Management Support Services (MSS)

The purpose of Management Support Services (MSS) is to provide policy leadership and direction to the agency's programs and guidance across District agencies to ensure that long-term health status improvements are achieved. The MSS is responsible for effective communications on critical health issues, direction of critical health legislation, research and planning based on best practices. MSS also provides citizens with fair, efficient, and effective system to manage and resolve administrative litigation arising under District of Columbia law. By developing innovative reforms for the District of Columbia's system of administrative justice, DOH fosters public confidence in that system and promotes higher levels of voluntary compliance that ensure greater health, safety, and well-being in our community. MSS is additionally responsible for compliance and enforcement of Federal and District statutes and regulations, particularly

related to environment and health assurance, and labor and management relation in support of DOH's mission and operations.

The FY 2003 proposed budget for the Management Support Services is \$7,170,248.

Addiction Prevention and Recovery Administration (APRA)

The Addiction Prevention and Recovery Administration (APRA) serves as the District of Columbia's single state agency for alcohol, tobacco and other drug abuse prevention and treatment. In an effort to move APRA further into this role, it has developed and implemented certification standards for substance abuse treatment programs. APRA initiated the development of a citywide five-year comprehensive substance abuse strategy to reduce the number of addicted persons by 25,000.

APRA is finalizing a strategic plan that includes the development of the Drug Choice and Treatment Program.

The FY 2003 proposed budget for the Addiction Prevention and Recovery Administration is \$35,551,321. The total funding includes \$24,124,502, or 67 percent, Local funding. This compares with \$24,308,567 for

FY 2002. The total Federal funding for FY 2003 is \$9,633,819, or 27 percent. This compares with \$10,128,001 for FY 2002. The total Other funding for FY 2003 is \$1,793,000 as compared to \$2,614,686 for FY 2002. The APRA budget is \$1,499,933 less than FY 2002.

HIV/AIDS Administration (HAA)

The mission of the HIV/AIDS Administration is to reduce the incidence of HIV, prevent the spread of HIV infection, and provide support to those infected/afflicted with HIV, so that residents of the District can minimize their chances of infection and live healthier lives. Through funding of a community-based continuum of care, medical support services are provided to the residents of the District of Columbia and the residents of the Eligible Metropolitan Area (EMA). This administration also develops HIV/AIDS related information and data for public dissemination and distribution. It provides HIV and related medications to eligible individuals with HIV/AIDS and develops culturally and linguistically appropriate HIV prevention education programs and materials. It also tracks the occurrence, distribution, and manifestations of HIV/AIDS in the District. In addition, it offers leadership and support in the ongoing development and dissemination of data, planning, policy and evaluation activities that are practical, responsive to identified needs, and consistent with Local and Federal guidelines.

The FY 2003 proposed budget for the HIV/AIDS Administration is \$68,025,700. The total funding includes \$9,372,660, or 13.7 percent Local funding. This compares with \$9,354,674 for FY 2002. The Federal funding for FY 2003 is \$53,653,040, or 78.8 percent. This compares with \$49,176,474 for FY 2002. The Other funding for FY 2003 is \$5,000,000, which is no change from FY 2002. The HIV/AIDS budget is \$9,494,552 more than FY 2002.

Health Promotion (HP)

The mission of Health Promotion is to provide health assessment information, wellness promotion, health education and outreach, health screenings, interventions, and support services to

District of Columbia residents and visitors, so they can live healthier lives. Emphasis is placed upon forging public/private partnerships, capacity building, increasing access to health care, and the development of initiatives and strategies to improve the health status of the community.

Health Promotion includes the following: Maternal and Family Health Administration, Nutrition Programs Administration, Health Statistics Administration, and School Health. Major responsibilities include: (1) the coordination of comprehensive health services for women and their families, including children, adolescents, and children with special health care needs; the implementation of programs addressing special maternal health problems including infant mortality, teen pregnancy, metabolic disorders, disabilities, and barriers to accessing appropriate health services; (2) the provision of school health services in elementary and secondary schools in the District of Columbia; (3) the collection, management, analysis, and reporting of health statistics and vital records for the District of Columbia; and (4) the assurance of access to quality nutrition services and the maximization of food and nutrition resources designed to improve the nutritional health status of District residents with special emphasis on high-risk and disadvantaged populations.

Special initiatives in FY 2003 will focus on the following: coordinate and implement DOH HIPAA compliance activities; coordinate DOH Data Integration; expand health, wellness and nutrition initiatives; implement Domestic Partnership Registration functions, and expand and enhance the Mayor's Newborn Home Visiting Initiative.

The FY 2003 proposed budget for the Health Promotion is \$36,052,603. The total funding includes \$7,242,526, or 20 percent Local funding as compared to \$7,335,019 for FY 2002. The FY 2003 total includes \$23,910,077, or 66 percent, Federal funding as compared to \$20,731,036 from FY 2002. Private funding is \$1,700,000 in FY 2003 compared to \$0 from FY 2002. Other funding is \$3,200,000 for FY 2003, compared to \$2,425,223 for FY 2002. The PHSA budget is \$5,561,325 more than FY 2002.

Environmental Health Administration (EHA)

The purpose of this administration is to protect health through the prevention and control of environmentally related diseases, the prevention of environmental degradation, and the promotion and preservation of the ecological system and physical environment of the District of Columbia. The administration provides services for the prevention and control of air pollution, abatement of asbestos, and the leakage of underground storage tanks. EHA strives to prevent environmentally related disease and premature death that may be caused by exposure to hazardous material and toxic substances. The administration also performs inspections to ensure that food, drugs and medical device products are safe for use by the public. EHA also administers the Child Lead Poisoning, Screening and Education Program (CLPSEP). The purpose of CLPSEP is to reduce the exposure of young children to lead based paint hazards in their homes and places they frequently visit by providing outreach functions related to childhood lead poisoning prevention. In FY 2003, EHA plans to conduct home inspections for lead contamination at all foster care and child care facilities.

The FY 2003 proposed budget for the Environmental Health Administration is \$28,052,455. The total funding includes \$11,925,682, or 42 percent, Local funding as compared to \$11,355,373 for FY 2002. Federal funding for FY 2003 is \$13,290,757, or 55 percent, compared to \$14,428,949 for FY 2002. Other funding is \$2,670,960 for FY 2003 compared to \$1,898,332 for FY 2002. Intra-District funding is \$165,056, compared to \$0 in FY 2002. The EHA budget is \$369,801 over FY 2002.

Primary Care, Prevention and Planning (PCPP)

The mission of PCPP is to improve the health and well-being of residents by surveying and reporting population health measures, investigating and controlling communicable diseases, preventing chronic diseases and their complications. It also engages in the development of health care

systems and planning primary care activities to meet the health care and service needs of District residents. The PCPP mission is also centered on health data collection, including bio-terrorism data and surveillance, planning and implementation of health improvement initiatives and assessments to ensure those programs are meeting their stated goals. In FY 2003, Primary Care, Prevention and Planning Administration's proposed budget reflects its transfer of \$948,000 to the HCSNA to maintain the level of pharmacy services provided during FY 2002.

The FY 2003 proposed budget for Primary Care, Prevention and Planning is \$15,283,979. The total funding includes \$6,249,977, or 40.9 percent Local funding as compared to \$6,822,070 for FY 2002. The FY 2003 Federal funding is \$8,427,558, or 46 percent, compared to \$6,827,944 in FY 2002. It also includes Private, Other, and intra-District funding totaling \$606,444, compared to \$515,237 for FY 2002. The budget is \$1,118,728 over FY 2002.

The FY 2003 proposed local budget includes \$1,000,000 from the Tobacco Trust Fund to support tobacco control programs.

Medical Assistance Administration (MAA)

The Medical Assistance Administration serves as the single state agency for the District government for policy development and the administration of the medical assistance program authorized by Title XIX of the Social Security Act and D.C. Code § 1-359 (Medicaid Program) and the State Children's Health Insurance Program authorized by Title XXI of the Social Security Act and D.C. Code § 1-360.2 (CHIP). The Medicaid and CHIP Programs are jointly funded cooperative ventures between the Federal and state governments with the purpose of ensuring the availability of adequate medical care for uninsured and underinsured persons. Through these Programs, the District provides comprehensive healthcare coverage to infants, children and adolescents and their parents, and seniors with incomes up to 200 percent of the Federal poverty level. Available services include primary and preventive care, mental health services, hospital coverage home health services and long term residential care. In FY 2001 the District served

more than 138,000 residents. MAA's mission is to advance excellence in health promotion, disease management and quality of life for uninsured and underinsured residents through continuous improvement of a comprehensive and efficient health care system.

MAA is proposing to reorganize its budget structure by establishing eleven Responsibility Centers, seven of which are within MAA and four of which represent activities in other agencies (i.e., CFSA, DMH, DCPS, and DHS). The Responsibility Centers within MAA track the reorganization of the program to reflect core constituencies – children, families, seniors and persons with disabilities. Each of the responsibility centers is summarized below:

1. Office of The Senior Deputy Director

This office serves as the focal point for the development of health care financing policy for public health care programs within the District.

2. Office of Children and Families (OCF)

OCF is established to serve as the primary program responsible for developing policy and the administration of programs for children and families. Developing and managing managed care contracts, which are financed by MAA, is also a responsibility of the OCF. Twenty-seven percent of MAA's budget is allocated to services for children and families, which are provided on a fee-for-service and managed care basis.

3. Disabilities and Aging

This program established to serve as the primary program for policy development and the administration of programs for persons with a disability and the aged. Forty-four percent of MAA budget is used to provide services for seniors and persons with disabilities. This Office has oversight responsibility for Day Treatment Services, Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR), Nursing Facilities, Home Health Care services, Personal Care services and services to persons with disabilities. Payments for inpatient and outpatient hospital services are also an integral part of this office.

4. Program Integrity

This program is established to serve as the primary program for policy development and the administration of programs intended to ensure appropriate payment for MAA services and medical assistance programs and the prevention of provider and recipient fraud and abuse.

5. Program Operations

Program Operations is established to serve as the primary program for policy development and administration of programs that pertain to the payment of claims and the development, operation, and management of MAA information management systems.

6. Quality Assurance

This program is established as the primary program responsible for ensuring that each medical or clinical service or program financed or managed by MAA includes a quality assurance component intended to ensure the delivery of quality and clinically appropriate health care, health promotion, and health care and promotion support services.

7. Financial Operations

This program is established to serve as the primary program responsible for the development of provider reimbursement rates, financial audits of providers, provider payment reconciliation, MAA budget analysis and projections, and monitor the payments of DSH to hospitals and cost settlements.

Although components of the Medicaid budget, the following responsibility centers represent revenue projections for other District agencies. It is important to note that MAA does not have authority over fiscal management, programs, budgets, claims submission/billing, or revenue estimation in the four external agencies.

8. Department of Mental Health (DMH)

Most consumers of DMH services are Medicaid and Medicare recipients. The agency reports that approximately 60 percent of those on the roles of DMH are Medicaid eligible. In FY 2003, DMH projects Medicaid reimbursement of approximately \$60,300,000 for mental health services

provided to eligible District residents. The projected revenue is derived from four categories 1) Inpatient Psychiatric services, 2) Outpatient Services, 3) Administrative Services, and 4) Medicaid Rehab Option.

9. Child and Family Services Agency (CFSA)

While in foster care, most children are eligible for Medicaid, either categorically if they receive support under the Federal Adoption Assistance or Foster Care Programs (authorized under Title IV-E of the Social Security Act), or through State-elected eligibility categories. CFSA projects to receive \$42,363,657 in Federal funding for medical services provided to Medicaid eligible children.

10. District of Columbia Public Schools (DCPS)

DCPS is reimbursed through Medicaid for costs incurred by their Medicaid eligible population for services rendered that are specifically prescribed within the student's Individual Education Plan (IEP). Most of these services relate to Special Education programs that are outside the normal DCPS curriculum (Occupational, Psychological, Hearing, and Speech therapy, and transportation costs related to transporting the children to these prescribed services). The MAA budget includes \$16,323,664 in Federal budget authority for DCPS.

11. Department of Human Services (DHS)

In FY 2003, DHS will seek Medicaid reimbursement for health care services provided through the Youth Services Administration. The MAA budget includes \$3,000,000 in Federal budget authority for DHS for payment for Medicaid eligible services provided.

The FY 2003 proposed budget for the Medical Assistance Administration is \$1,167,862,783. This represents an increase of \$138,693,096 over the FY 2002 budget. The FY 2003 Local budget for MAA is \$312,044,354, or \$31,349,667, over FY 2002. This increase includes a transfer of \$1,690,971 from the Health Care Safety Net Administration. The proposed non-Local budget for FY 2003 is \$855,818,429 as compared to \$746,020,000 for FY 2002.

Significant increases in the proposed Local budget support inflation and utilization increases. These changes are highlighted below:

- An increase of \$7,796,674 for inflation and rate rebasing of nursing facilities.
- An increase of \$5,679,200 for rate increases for specialty providers in an effort to expand the provider network (dental, transportation).
- An increase of \$4,382,745 for Inpatient Hospital services.
- An increase of \$2,135,572 for Intermediate Care Facilities for the Mentally Retarded (ICF-MRs).
- An increase of \$2,324,397 for Day Treatment services.
- An increase of \$1,400,000 for contractual requirements pursuant to the Salazar Court order.
- An increase of \$1,250,000 for contractual requirements involving the Evans Exit Plan
- An increase of \$884,029 for Home Health services.
- An increase of \$37,016 for Personal Care aides.

Health Care Safety Net Administration

This administration provides administrative and financial management of the contract with D C Healthcare Alliance, which provides healthcare services to the uninsured and under-insured residents of the District of Columbia with a goal of promoting access to primary and preventive health care services. The mission of the Health Care Safety Net Administration is to ensure delivery of comprehensive health services to uninsured residents of the District of Columbia through a contractual arrangement.

In FY 2001, a plan was adopted to provide an integrated, community-based system that emphasizes primary and preventative health care service delivery. The D.C. Healthcare Alliance contracted to provide these services. The Health Care Safety Net Administration was formulated to oversee and administer the contract. In FY 2003, HCSNA's proposed budget reflects the transfer of \$948,000 from the Primary Care, Prevention and Planning Administration to

maintain the level of pharmacy services provided during FY 2002.

The FY 2003 proposed budget for the Health Care Safety Net Administration is \$68,763,870. The total funding includes \$62,819,254 Local funding and \$5,944,616 intra-District funding.

Health Regulation Administration

The Health Regulation Administration (HRA) administers all District and Federal laws and regulations governing the licensing, certification and registration of health-related professionals, health care and human services facilities and establishments. HRA ensures the protection of the health and safety of vulnerable children and adults who, as customers and citizens of the District of Columbia, receive services from, or care in these facilities and establishments and by these professionals.

The FY 2003 proposed budget for the Health Regulation Administration is \$7,589,566. The total funding includes \$2,990,702 Local funding, \$1,951,304 Federal funding, \$2,384,560 Other funding and \$263,000 intra-District funding.

Public Health Laboratory

The Public Health Laboratory operates to provide support to core public health programs and community-based health programs through laboratory analysis and diagnostic services, collection and dissemination of disease data, and oversight and support services for other district laboratories. These functions are necessary for rapid response to health and environmental concerns of residents and visitors to the District.

The FY 2003 proposed budget for the Public Health Laboratory is \$1,037,500. The total funding includes \$580,280 Local funding and \$457,220 Federal funding.

Office of Emergency Health and Medical Services

The Office of Emergency Health and Medical Services is responsible for ensuring: (1) an effective, coordinated Emergency Medical Services and Trauma Care System; (2) coordination of the Department of Health Bioterrorism Preparedness, and coordination of all DOH Emergency response activities, (3) lead agency for the ESF #8 Health and Medical Services for the District's Response Plan. In FY 2003, the agency plans to enhance the rapid response system that will coordinate with other District agencies and surrounding jurisdictions to respond to health emergencies and other unusual health events within two hours.

In FY 2002 the Department of Health was awarded \$35,000,000, through the Office of Emergency Health and Medical Services in response to September 11th and the subsequent anthrax events. These funds support the development of the District's preparedness for bioterrorism, another outbreaks of infectious disease, and other public health threats and emergencies.

The FY 2003 proposed budget for the Office of Emergency Health and Medical Services is \$509,704. The total funding includes \$374,704 Local funding and \$135,000 Federal funding.

Capital Improvements Plan

As part of the District-wide savings initiative for FY 2002 (refer to Chapter 4) this agency's existing capital budget was cut by \$19,738,530.

The FY 2003 proposed capital budget for the Department of Health is \$8,599,000. This budget includes \$5.5 million of ongoing funding for existing programs and \$3,099,000 million in new funding for new projects. The agency has 3 program areas and these are as follows: Anacostia River Cleanup, Local Facilities and Major Technology Initiatives. The following is the description of various programs:

- The Anacostia River Cleanup program has no new funding. This program is funded from the Congressional Infrastructure Fund.
- The Local Facilities program has \$370,000 in new funding for the JB Johnson Facility. This facility is one of the older Elderly Care facilities in the Washington D.C. area. The four-story building consists of two rectangular wings with a gated entrance and main courtyard. Major capital improvements include ADA Accessibility and Life Safety Code. There is

also funding of \$729,000 for the Gales school to transform it into a child assessment center. The facility will house Safe Shores Program as well as caseworkers from the Child and Family Services Agency, the Metropolitan Police Department, the Office of the Corporation Counsel, The U.S. Attorney's Office and the Superior Court Social Services Agency. This program is funded through the sale of general obligation bonds.

- The Major Technology Initiatives program has \$2,000,000 in new funding for HIPAA Consortium project to fund the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The purpose of HIPAA is to develop standards and requirements for the maintenance and transmission of health information that identifies individual patients. Also, this program has an ongoing budget of \$5,500,000 to fund the ongoing Medicaid System, Occupational and Professional Licensees System and the Children's Database. The program is funded through the sale of general obligation bonds.

Table HC0-2

Capital Improvement Plan, FY 2001-FY 2008

(dollars in thousands)

Cost Elements	Through FY 2001	Budgeted FY 2002	Total	FUNDING SCHEDULE						6 Years Budget	Total Budget
				Year 1 FY 2003	Year 2 FY 2004	Year 3 FY 2005	Year 4 FY 2006	Year 5 FY 2007	Year 6 FY 2008		
a. Long Term Financing:	1,393	1,472	2,865	1,099	8,070	7,290	0	0	0	9,898	12,763
b. Local Street Fund:	0	0	0	0	0	0	0	0	0	0	0
c. Grants:	0	0	0	0	0	0	0	0	0	0	0
d. Pay Go:	0	0	0	0	0	0	0	0	0	0	0
e. Hwy Trust Fund:	0	0	0	0	0	0	0	0	0	0	0
f. Equipment Lease	0	0	0	0	0	0	0	0	0	0	0
g. Alternative Financing	0	8,400	8,400	7,500	4,000	2,000	2,000	2,000	0	17,500	25,900
h. Other:	0	0	0	0	0	0	0	0	0	0	0
Total:	1,393	9,872	11,265	8,599	12,070	3,502	2,000	2,000	0	27,398	38,663
Cost Elements	Through FY 2001	Budgeted FY 2002	Total	EXPENDITURE SCHEDULE						6 Years Budget	Total Budget
				Year 1 FY 2003	Year 2 FY 2004	Year 3 FY 2005	Year 4 FY 2006	Year 5 FY 2007	Year 6 FY 2008		
a. Design:	570	2,279	2,849	1,620	1,250	500	500	500	0	4,370	7,219
b. Site:	0	0	0	0	0	0	0	0	0	0	0
c. Project Management:	139	1,387	1,526	1,396	2,148	2,148	500	500	0	5,190	6,716
d. Construction:	684	3,106	3,790	3,333	7,672	583	0	0	0	11,588	15,378
e. Equipment:	0	3,100	3,100	2,250	1,000	1,000	1,000	1,000	0	6,250	9,350
Total:	1,393	9,872	11,265	8,599	12,070	4,231	2,000	2,000	0	27,707	38,663

Agency Goals and Performance Measures

Goal 1: Enhance children's health program.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Managers: Ronald Lewis, Senior Deputy

Director for Health Promotion; Herbert Weldon, Senior Deputy Director for Health Care Finance; Michael Richardson, MD, Senior Deputy Director for Prevention, Planning and Primary Care

Supervisor: Ivan C.A. Walks, MD, Chief Health Officer

Measure 1.1: Increase the number of clients (women, infants, and children) enrolled in the WIC program

	2000	2001	Fiscal Year 2002	2003	2004
Target	16600	16000	20000	21000	N/A
Actual	15067	17937	-	-	-

Note: FY01 actual adjusted by agency from 13,701 to 17,937 based on new data (2/22/02). FY02 target adjusted from 15,000 to 20,000. FY03 target adjusted from 17,000 to 21,000. FY04 target is TBD.

Measure 1.2: Increase the targeted number of women, infants and children enrolled in the Commodity Supplemental Food Program

	2000	2001	Fiscal Year 2002	2003	2004
Target	900	1246	1296	1325	N/A
Actual	946	1412	-	-	-

Note: Measure retitled 2/22/02. FY01 actual adjusted from 1,117 to 1,412 based on new data. FY02-03 targets raised. FY04 target is TBD.

Measure 1.3: Collaborate with Vaccine for Children (VFC) health care providers to increase the number of vaccine doses distributed to providers for children eligible for VFC (thousands)

	2000	2001	Fiscal Year 2002	2003	2004
Target	175	200	200	204	208
Actual	145.3	158.7	-	-	-

Note: FY01 actual revised after submission of FY01 Performance Accountability Report. FY02-04 targets raised at request of agency, 2/22/02.

Measure 1.4: Collaborate with health care providers, DCPS, and school-based nurses to ensure that children attending D.C. Public Schools and charter schools are immunized prior to enrollment and reflected in the District's immunization registry (percent)

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	N/A	90	95	98
Actual	N/A	N/A	-	-	-

Note: New measure added 2/22/02.

Measure 1.5: Increase the percentage of newborns screened in the hospital for hearing loss prior to discharge from the hospital

	2000	2001	Fiscal Year 2002	2003	2004
Target	90	90	95	98	N/A
Actual	N/A	93	-	-	-

Note: FY04 target is TBD.

Measure 1.6: Increase the number of new children enrolled in the Children's Health Insurance Program (CHIP) & the DC Healthy Families Program

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	3854	4510	4750	N/A
Actual	3212	3758	-	-	-

Note: DOH has proposed revisions to the FY 2002 and FY 2003 targets reflecting FY 2001 results and the fact that the target population may access one of several programs to receive health-care coverage, including, but not limited to the Healthy Families program. FY03 target is tentative. FY04 is under development by DOH, (3/10/02).

Measure 1.7: Implement the HIV Medicaid expansion and enroll participants (total number enrolled)

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	N/A	200	N/A	N/A
Actual	N/A	N/A	-	-	-

Note: New measure added 2/22/02. Enrollment will begin in July 2002. FY03-04 targets are TBD.

Measure 1.8: Increase the number of women entering prenatal care in the first trimester in Wards 5, 6, 7, & 8

	2000	2001	Fiscal Year 2002	2003	2004
Target	118	130	130	200	N/A
Actual	152	95	-	-	-

Note: FY04 target is TBD.

Measure 1.9: Implement the new Medicaid Management Information Systems (MMIS) and re-enroll all currently participating Medicaid providers in the Washington Metropolitan Area into the new MMIS (percent complete)

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	N/A	75	N/A	N/A
Actual	N/A	N/A	-	-	-

Note: New measure added 2/22/02. FY02 target is 75% by September 30, 2002. Enrollment will begin in April 2002. FY03-04 targets are TBD.

Measure 1.10: Increase the number of adolescents between the ages of 13-19 receiving HIV testing through community outreach efforts by 15%

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	2822	3010	3100	3565	N/A
Actual	2618	2896	-	-	-

Note: New measure added 2/22/02. FY03 target is tentative. Targets are based upon a 15 percent increase over previous year actuals.

Measure 1.11: Increase the number of adolescents between the ages of 13-19 receiving HIV counseling and testing and returning for their test results by 15%

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	1912	1689	1942	N/A
Actual	1663	1469	-	-	-

Note: New measure added 2/22/02. FY03 target is tentative. Targets are based upon a 15 percent increase over previous year actuals.

Measure 1.12: Increase the number of adolescents participating in the Abstinence Only Program by 25%

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	1800	2258	2823	N/A
Actual	N/A	1806	-	-	-

Note: New measure added 2/22/02. FY03 target is tentative. Targets are based upon a 25 percent increase over previous year actuals.

Goal 2: Improve access to substance abuse treatment programs.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Manager: Larry Siegel, MD, Senior Deputy Director for Medical Affairs

Supervisor: Ivan C.A. Walks, MD, Chief Health Officer

Measure 2.1: Increase the number of drug treatment slots for adolescents between the ages 13-21 by 100%

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	6	N/A	N/A
Actual	N/A	N/A	-	-	-

Note: New measure added 2/22/02. This figure is dependent upon actual funding available through Choice in Drug Treatment Program. FY03-04 targets are under development by DOH, (3/10/02).

Measure 2.2: Increase the total number of drug treatment slots

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	1000	1000	1500	2000	N/A
Actual	1237	1000	-	-	-

Note: FY04 target is TBD.

Measure 2.3: Decrease the rate of non-compliance of laws related to tobacco sales to minors (percent)

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	25	23	20	N/A	N/A
Actual	25.3	16	-	-	-

Note: FY03-04 targets are TBD.

Measure 2.4: Increase treatment availability for Latinos in the District of Columbia

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	N/A	N/A	N/A
Actual	N/A	N/A	-	-	-

Note: This performance measure is under development by DOH and the Deputy Mayor for Children, Youth, Families and Elders. FY02-04 targets are TBD.

Measure 2.5: Continue to reduce the average waiting time for methadone treatment services and placement (weeks)

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	4	2	0
Actual	N/A	8	-	-	-

Note: This performance measure is under development by DOH and the Deputy Mayor for Children, Youth, Families and Elders. FY02-04 targets are TBD. APRA has not been successful in eliminating the waiting list for methadone treatment. DOH reports that during FY 2001, the average waiting time for placement has been reduced from 6 months to 6-8 weeks.

Measure 2.6: Survey substance abuse treatment programs in the District of Columbia for new certification standards compliance

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	N/A	N/A	15	25	N/A
Actual	N/A	5	-	-	-

Note: This performance measure is under development by DOH and the Deputy Mayor for Children, Youth, Families and Elders. FY04 target is TBD.

Goal 3: Improve the environment through increased rodent and vector control efforts and increased restaurant inspections in the District of Columbia.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Manager: Theodore Gordon, Senior Deputy Director for Public Health Assurance

Supervisor: Ivan C.A. Walks, MD, Chief Health Officer

Measure 3.1: Increase the number of premises abated for rodents

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	1800	2000	2200	N/A
Actual	660	1597	-	-	-

Note: FY 2003 target adjusted from 2,500 to 2,200 at request of agency (1/12/02). FY04 target is TBD.

Measure 3.2: Increase the percentage of reinspections resulting in an inspection score of 85 percent or better

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	89	85	90	N/A
Actual	81	72	-	-	-

Note: FY02 & 03 targets lowered at request of agency, 2/22/02. FY04 target is TBD.

Measure 3.3: Increase the number of premises baited

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	3500	2500	N/A	N/A
Actual	N/A	2800	-	-	-

Note: During FY 2001, rodent control resources were diverted to West Nile Virus prevention efforts. FY02 target lowered from 4,000 to 2,500 at request of agency, 2/22/02. FY03-04 targets are TBD.

Measure 3.4: Increase the number of premises inspected for rodent activity

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	6500	7000	9000	N/A
Actual	5169	5847	-	-	-

Note: During FY 2001, rodent control resources were diverted to West Nile Virus prevention efforts. FY04 target is TBD.

Goal 4: To increase the total recoupment of the Office of Program Integrity by maximizing third party liability and fraud and abuse recoupments.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Manager: Herbert Weldon, Senior Deputy Director for Health Care Finance

Supervisor: Ivan C.A. Walks, MD, Chief Health Officer

Measure 4.1: Increase the percentage of dollars recovered from Medicaid Office of Program Integrity

	2000	2001	Fiscal Year 2002	2003	2004
Target	20	20	30	35	N/A
Actual	70	76.1	31	-	-

Note: FY01 actual revised after submission of FY01 Performance Accountability Report. In FY02, the 31 percent represents the actual increase to date of the targeted 30 percent increase. Specifically, the targeted amount for FY02 is \$794,145 of which \$243,295 has been recouped as of January 2002. FY04 target is TBD.

Goal 5: Improve group home inspections.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Manager: Theodore Gordon, Senior Deputy Director for Public Health Assurance

Supervisor: Ivan C.A. Walks, MD, Chief Health Officer

Measure 5.1: Ensure that all group homes are inspected within mandated time frames

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	N/A	N/A	N/A	N/A
Actual	N/A	N/A	-	-	-

Note: This performance measure is under development by DOH and the Deputy Mayor for Children, Youth, Families and Elders. FY02-04 targets are TBD.

Goal 6: Increase access to care for the uninsured and underinsured.

Citywide Strategic Priority Area: Strengthening Children, Youth, Families and Individuals

Manager: Brenda Thompson, Acting Director, Health Care Safety Net Administration

Supervisor: James A. Buford, Chief Operating Officer, DOH

Measure 6.1: D.C. Healthcare Alliance enrollment (number of persons)

	2000	2001	Fiscal Year 2002	2003	2004
Target	N/A	N/A	25000	N/A	N/A
Actual	N/A	N/A	-	-	-